

# GI Outbreak Surveillance Form for Residents and Staff

**Directions:** Please complete as accurately as possible. Use multiple sheets if necessary.

<b>Facility</b>					<b>Contact Person</b>				<b>Telephone</b>		
<b>CASE DEFINITION</b>											
<b>Resident</b>					<b>Illness</b>				<b>Case</b>	<b>Specimen</b>	
Name Last Name, First Name	Sex	DOB (M/D/Y) or Age	Room # or Wing	Room Type *	Onset Date	Symptoms **	If fever: Max Temp	Symptom Duration (Days) (Date well)	Y/N	Collection Date/Date Submitted	Lab Result
STAFF											
<b>* Room Types:</b> P = Private                      S = Semi-private                      M = Multi-bed											
<b>** Symptoms:</b> V = Vomiting                      D = Diarrhea                      N = Nausea F = Fever                              H = Headache A = Abdominal Pain    M = Myalgia/muscle aches											